
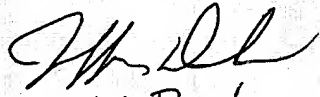



Issue Classification 	Application No.	Applicant(s)	
	09/626,304	FUTAMASE ET AL.	
	Examiner	Art Unit	
	Jeffrey Donels	2837	

ISSUE CLASSIFICATION									
ORIGINAL				CROSS REFERENCE(S)					
CLASS	SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)				
84	622			84	645				
INTERNATIONAL CLASSIFICATION				434	307A				
G 1 0 H	1 106								
G 1 0 H	7 100								
	/								
	/								
	/								
(Assistant Examiner) (Date)				 Jeffrey W. Donels 10/25/04 (Primary Examiner) (Date)				Total Claims Allowed: 78	
(Legal Instruments Examiner) (Date)								O.G. Print Claim(s) 1	O.G. Print Fig. 1

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA				<input type="checkbox"/> T.D.				<input type="checkbox"/> R.1.47			
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original		
1	1	30	31	39	61		91		121		151		181		
2	2	31	32	40	62		92		122		152		182		
3	3	32	33	41	63		93		123		153		183		
4	4	33	34	42	64		94		124		154		184		
5	5	35	35	43	65		95		125		155		185		
6	6	36	36	44	66		96		126		156		186		
7	7	37	37	45	67		97		127		157		187		
8	8	38	38	46	68		98		128		158		188		
9	9	39	39	47	69		99		129		159		189		
10	10	40	40	48	70		100		130		160		190		
11	11	41	41	49	71		101	11	131		161		191		
12	12	42	42	50	72		102		132		162		192		
13	13	43	43	51	73		103		133		163		193		
14	14	44	44	52	74		104		134		164		194		
15	15	45	45	53	75		105		135		165		195		
16	16	46	46	54	76		106		136		166		196		
17	17	47	47	55	77		107		137		167		197		
18	18	48	48	56	78		108		138		168		198		
19	19	49	49	57	79		109		139		169		199		
20	20	50	50	58	80		110		140		170		200		
21	21	51	51	59	81		111		141		171		201		
22	22	52	52	60	82		112		142		172		202		
23	23	53	53		83		113		143		173		203		
24	24	54	54		84		114		144		174		204		
25	25	55	55		85		115		145		175		205		
26	26	56	56		86		116		146		176		206		
27	27	57	57		87		117		147		177		207		
28	28	58	58		88		118		148		178		208		
29	29	59	59		89	10	119		149		179		209		
30	30	60	60		90		120		150		180		210		

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G	1	D	H						
G	1	D	A						
				Total Claims Allowed:					
(Assistant Examiner) (Date)									
(Legal Instruments Examiner) (Date)									
				(Primary Examiner) (Date)					
				O.G. Print Claim(s) O.G. Print Fig.					

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant				<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
	211		241		271		301		391
	212		242		272		302		392
	213		243		273		303		393
	214		244		274		304		394
	215		245		275		305		395
	216		246		276		306		396
	217		247		277		307		397
	218		248		278		308		398
	219		249		279		309		399
	220		250		280		310		400
	221		251		281		311		401
	222		252		282		312		402
	223		253		283		313		403
	224		254		284		314		404
	225		255		285		315		405
	226		256		286		316		406
	227		257		287		317		407
	228		258		288		318		408
	229		259		289		319		409
	230		260		290		320		410
	231		261		291		321		411
	232		262		292		322		412
	233		263		293		323		413
	234		264		294		324		414
	235		265		295		325		415
	236		266		296		326		416
	237		267		297		327		417
	238		268		298		328		418
	239		269		299		329		419
	240		270		300		330		420